

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
JUDICIAL DISTRICT _____

**IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN INCAPACITATED INDIVIDUAL**

Case No.

BEGINNING INVENTORY REPORT

Name of Ward: Age: Phone:

Address: City State Zip

Name of guardian/co-guardians: Phone:

Address: City State Zip

As the named guardian/co-guardians for the above ward, I/we are required to provide a beginning inventory of all assets owned by the ward or in which the ward has an interest. This beginning inventory must be provided within ninety (90) days of the order appointing me/us as guardian/co-guardians.

Following is a inventory of all assets owned by the ward or in which the ward has an interest so far as is known to the guardian/co-guardians.

PERSONAL PROPERTY OWNED BY THE WARD:

TOTAL PERSONAL PROPERTY \$ _____

REAL PROPERTY OWNED BY THE WARD:

TOTAL REAL PROPERTY \$ _____

ANY OTHER ASSET OWNED BY THE WARD OR IN WHICH THE WARD HAS AN INTEREST:

TOTAL OF OTHER ASSETS \$ _____

TOTAL OF ALL PROPERTY AND ASSETS \$ _____

Less liens or other claims \$ _____

TOTAL NET ESTATE \$ _____

The undersigned certifies that a true and correct copy of the guardian's report was on the following date mailed, by first class mail, postage prepared, or hand delivered to:

____ ward

____ ward's attorney (if currently representing ward):

____ parent of ward with whom ward resides (if any): _____

____ ward's conservator (if a separate conservator has been appointed): _____

____ the following interested person(s) designated by the court order and other persons interested in this guardianship:

Date mailed or
hand delivered

Signature of Guardian

Date signed